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Is Benign Paroxysmal Positional Vertigo treated successfully with the TRV reposition chair?

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Abstract:

Primary objective was to evaluate how successful reposition of BPPV was with the TRV reposition chair. Designed as a prospective clinical trial. Seventy-five patients were diagnosed and treated in the TRV reposition chair. Overall, patients were successfully treated after an average of 2.23 (\pm 1.66 SD) treatments in the TRV-chair. There was a significant difference between the numbers of treatments needed for a single semicircular canal (SCC) affection (average 1.8) compared to multi SCC affection (average 3.13). We found the TRV reposition chair to be very successful for treatment of patients with retractable as well as atypical BPPV.

Introduction:

Benign Paroxysmal Positional Vertigo (BPPV) is a very common inner ear disease. Despite the fact that the majority of these patients are successfully treated by manual repositioning maneuvers, still a large number of patients experience treatment failures. Therefore, new therapeutic modalities have been proposed, among these the biaxial chairs like the TRV reposition chair. The primary objective of this study was to evaluate how successful reposition of BPPV was when treating patients with the TRV reposition chair.

Materials and Methods:

Designed as a prospective clinical trial. Seventy-five patients, referred to the Tertiary ENT Dizziness Clinic at Aalborg University Hospital, were included following a diagnosis of BPPV. All patients were diagnosed and treated in the TRV reposition chair. Video Frenzel goggles were used to enable both precise diagnostics and optimal treatment.

Results:

Overall, patients were successfully treated after an average of 2.23 (\pm 1.66 SD) treatments in the TRV-chair. There was a significant difference between the numbers of treatments needed for a single semicircular canal (SCC) affection (average 1.8) compared to multi SCC affection (average 3.13).

Conclusions:

We found the TRV reposition chair to be very successful for treatment of patients with retractable as well as atypical BPPV.